COMMISSIONER FOR PATENTS

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Patrick G. Burns, Reg. No. 29,367

Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450

Customer Number 24978

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I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope Sir: addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this Transmitted herewith for filing is the patent application of date. Inventor(s): Hara et al. 10/27/03 MAGNETIC DISK APPARATUS AND METHOD For: FOR MONITORING HIGH-FREQUENCY OSCILLATION COMPONENTS Enclosed are: (X) 22 pages of specification, including 15 claims and an abstract. () an executed oath or declaration, with power of attorney. (.)an unexecuted oath or declaration, with power of attorney. () sheet(s) of informal drawing(s). 16 sheet(s) of formal drawings(s). (X) _and Assignment Cover Sheet. Assignment(s) of the invention to ___ () A check in the amount of \$___ to cover the fee for recording the assignment(s). () (X) Information Disclosure Statement, Form PTO-1449 and cited references. Claim for Priority and Priority Document. () (X) Courtesy Copy of PCT Request. Fee Calculation For Claims As Filed a) Basic Fee \$ 770.00 b) Independent Claims 3 = 0 x \$ 86.00 = \$1<u>6</u> c) Total Claims $20 = 0 x $18.00 = $_{}$ d) Fee for Multiple Dependent Claims \$ 290.00 = \$ Total Filing Fee \$ 770.00 Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to () A check in the amount of \$____ to cover the filing fee is enclosed. () Charge \$_____ to Deposit Account No. 07-2069. () The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16 1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed. Respectfully submitted, 300 South Wacker Drive - Suite 2500 GREER, BURNS & CRAIN, LTD. Chicago, Illinois 60606 Telephone: (312) 360-0080 Facsimile: (312) 360-9315